

Suppl andt 6/12/07

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101590609

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/				
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46	/	/				
47	/	/				
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49	/	/				
50	/	/				
TOTAL	IND.	1				
TOTAL	DEP.	24	↓	↓	↓	
TOTAL	DEP.	25	←	←	←	
TOTAL	CLAIMS	25				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL	IND.		↓	↓	↓	
TOTAL	DEP.		←	←	←	
TOTAL	CLAIMS					